

OFFICE OF THE STATE CONTROLLER  
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-01  
CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS

February 14, 2006

In accordance with Government Code (GC) section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Crime Victim's Domestic Violence Incident Reports (CDIR) program. These claiming instructions are issued subsequent to the adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On September 25, 2003, the COSM determined that Family Code section 6228, as added by Chapter 1022, Statutes of 1999, established costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

**Eligible Claimants**

Any city, county, or city and county that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

**Filing Deadlines**

**A. Reimbursement Claims**

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred for this program, are eligible for reimbursement for the period January 1, 2000, to June 30, 2000, and fiscal years 2000-01 through 2004-05. Claims must be filed with the SCO and be delivered or postmarked on or before **June 14, 2006**. Estimated claims for fiscal year 2005-06 must be filed on or before **June 14, 2006**. Actual reimbursement claims for fiscal year 2005-06 and estimated claims for fiscal year 2006-07 must be filed on or before **January 16, 2007**.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

**B. Late Penalty**

**1. Initial Claims**

AB 3000, enacted into law on September 30, 2002, amended the late penalty assessments on initial claims. Late initial claims submitted **on or after September 30, 2002**, are assessed a late penalty of 10% of the total amount of the initial claims **without limitation**.

## **2. Annual Reimbursement Claims**

All late annual reimbursement claims are assessed a late penalty of 10% subject to the \$1,000 limitation regardless of when the claims were filed.

### **C. Estimated Claims**

Unless otherwise specified in the claiming instructions local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07).

However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

### **Minimum Claim Cost**

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

### **Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

### **Certification of Claim**

In accordance with the provisions of GC section 17561, an authorized representative of the claimant shall be required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure section 2015.5, for those costs mandated by the State and contained herein.

## **Audit of Costs**

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency pursuant to this chapter is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by the SCO as deemed necessary.

## **Retention of Claiming Instructions**

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527, or e-mailed to **LRSDAR@sco.ca.gov**. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at [www.sco.ca.gov/ard/local/locreim/index.shtml](http://www.sco.ca.gov/ard/local/locreim/index.shtml).

## **Address for Filing Claims**

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

Use the following mailing addresses:

If delivered by

U.S. Postal Service:

Office of the State Controller

Attn: Local Reimbursements Section

Division of Accounting and Reporting

P.O. Box 942850

Sacramento, CA 94250

If delivered by

other delivery services:

Office of the State Controller

Attn: Local Reimbursements Section

Division of Accounting and Reporting

3301 C Street, Suite 500

Sacramento, CA 95816

## **PARAMETERS AND GUIDELINES**

Family Code Section 6228

Statutes 1999, Chapter 1022

*Crime Victim's Domestic Violence Incident Reports (99-TC-08)*

County of Los Angeles, Claimant

### **I. SUMMARY OF THE MANDATE**

On September 25, 2003, the Commission on State Mandates (Commission) adopted a corrected Statement of Decision finding that Family Code section 6228, as added by Statutes 1999, chapter 1022, mandated a new program or higher level of service for local law enforcement agencies within the meaning of article XIII B, section 6 of the California Constitution, and imposed costs mandated by the state pursuant to Government Code section 17514 for the following activity only:

- Storing domestic violence incident reports and face sheets for three years. (Fam. Code, § 6228, subd. (e).)

The Commission further found that under prior law, cities and counties were already required to keep the domestic violence incident reports for two years.

### **II. ELIGIBLE CLAIMANTS**

Any city, county, and city and county that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

### **III. PERIOD OF REIMBURSEMENT**

Government Code section 17557, subdivision (c), as amended by Statutes 1998, chapter 681, states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The County of Los Angeles filed the test claim on May 15, 2000, establishing eligibility for fiscal year 1998-1999. However, the effective and operative date of Family Code section 6228 is January 1, 2000. Therefore, costs incurred for storing domestic violence incident reports and face sheets for the additional three years pursuant to Family Code section 6228, as added by Statutes 1999, chapter 1022, are reimbursable on or after January 1, 2000.

Actual costs for one fiscal year shall be included in each claim. Estimated costs of the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given fiscal year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

#### **IV. REIMBURSABLE ACTIVITIES**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

##### **A. One-Time Activity**

1. Revise existing policies and procedures regarding the storage of domestic violence incident reports and face sheets in a readily accessible format to include the *additional* three-year requirement.

##### **B. Ongoing Activity**

1. Store domestic violence incident reports and face sheets in a readily accessible hard copy, microfiche, or electronic image format for an *additional* three years. This is limited to the cost of retaining domestic violence incident reports and face sheets in a readily accessible format, including file storage, for the three-year period of time after the pre-existing mandatory two-year retention period provided in Government Code sections 26202 and 34090. Any activities that flow from this previous requirement are not reasonably necessary to carry out this mandate (e.g., scanning reports for archive, reviewing files, transferring or shipping files for storage).

#### **V. CLAIM PREPARATION AND SUBMISSION**

##### **ONE-TIME ACTIVITY – Section IV.A.1.**

Each of the following cost elements must be identified for the reimbursable activity identified in Section IV.A.1. of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

### A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

#### 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

#### 2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

#### 3. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

### B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

#### ONGOING ACTIVITY – Section IV.B.1.

Actual costs shall be claimed based on the reasonable reimbursement methodology adopted by the Commission pursuant to Government Code section 17557. The reasonable reimbursement methodology is a uniform cost allowance that covers all the direct and indirect costs of performing activity B.1. described in Section IV. of this document. Direct costs and indirect costs are described above. The uniform cost allowance shall be adjusted each subsequent year by the Implicit Price Deflator referenced in Government Code section 17523.

The uniform cost allowance is \$0.40 per report per year (not to exceed three years). Reimbursement is determined by multiplying the uniform cost allowance of \$0.40 by the number of domestic violence incident reports that are being stored for an additional three-year period of time after the pre-existing mandatory two-year retention period. Eligible claimants must show that costs were in fact incurred in order to claim costs using the uniform cost allowance for this program.

## **VI. RECORD RETENTION**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter<sup>1</sup> is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

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<sup>1</sup> This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.



## **VII. OFFSETTING SAVINGS AND REIMBURSEMENTS**

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## **VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS**

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## **IX. REMEDIES BEFORE THE COMMISSION**

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

## **X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES**

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| CLAIM FOR PAYMENT<br>Pursuant to Government Code Section 17561<br>CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS   |   |   | For State Controller Use Only  | Program<br><b>262</b> |
|---|---|---|--|-----------------------|
| (01) Claimant Identification Number   |   |   | (19) Program Number 00262<br>(20) Date Filed ____/____/____<br>(21) LRS Input ____/____/____ |                       |
| (02) Claimant Name  |   |   |  |                       |
| County of Location  |   |   |  |                       |
| Street Address or P.O. Box Suite  |   |   |  |                       |
| City State Zip Code   |   |   |  |                       |
|   |   |   | <b>Reimbursement Claim Data</b>  |                       |
|   |   |   | (22) CDIR -1, (04)(A)(1)(e)  |                       |
|   |   |   | (23) CDIR -1, (04)(B)(1)(e)  |                       |
|   |   |   | (24) CDIR -1, (06)   |                       |
|   |   |   | (25) CDIR -1, (07)   |                       |
| <b>Type of Claim</b>  | (03) Estimated <input type="checkbox"/> | (09) Reimbursement <input type="checkbox"/> | (26) CDIR -1, (09)   |                       |
|   | (04) Combined <input type="checkbox"/>  | (10) Combined <input type="checkbox"/>      | (27) CDIR -1, (10)   |                       |
|   | (05) Amended <input type="checkbox"/>   | (11) Amended <input type="checkbox"/>       | (28)   |                       |
|   |   |   | (29)   |                       |
| <b>Fiscal Year of Cost</b>  | (06) ____/____                          | (12) ____/____                              | (30)   |                       |
| <b>Total Claimed Amount</b>   | (07)                                    | (13)  | (31)   |                       |
| <b>Less: 10% Late Penalty</b>   |   | (14)  | (32)   |                       |
| <b>Less: Prior Claim Payment Received</b>   |   | (15)  | (33)   |                       |
| <b>Net Claimed Amount</b>   |   | (16)  | (34)   |                       |
| <b>Due from State</b>   | (08)                                    | (17)  | (35)   |                       |
| <b>Due to State</b>   |   | (18)  | (36)   |                       |
| <b>(37) CERTIFICATION OF CLAIM</b><br><p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           Signature of Authorized Officer<br/><br/>           _____<br/>           Type or Print Name         </div> <div style="width: 35%;">           Date<br/><br/>           _____<br/>           Title         </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           (38) Name of Contact Person for Claim<br/><br/>           _____         </div> <div style="width: 50%;">           Telephone Number (    )    -    Ext.   <br/>           E-Mail Address    _____         </div> </div> </div> |   |   |  |                       |

|                              |  |                              |
|------------------------------|--|------------------------------|
| <b>Program</b><br><b>262</b> | <b>CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS</b><br><b>Certification Claim Form</b><br><b>Instructions</b> | <b>FORM</b><br><b>FAM-27</b> |
|------------------------------|--|------------------------------|

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CDIR-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 and supporting schedules for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form CDIR-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **June 14, 2006**, or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor (0.10% penalty).
- (15) If filing an actual reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14), and line (15), from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g. CDIR-1, (04)(A)(1)(e), means the information is located on form CDIR-1, block (04)(A), line (1), column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. Use the following mailing addresses:

**Address, if delivered by U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER**  
**ATTN: Local Reimbursements Section**  
**Division of Accounting and Reporting**  
**P.O. Box 942850**  
**Sacramento, CA 94250**

**Address, if delivered by other delivery service:**

**OFFICE OF THE STATE CONTROLLER**  
**ATTN: Local Reimbursements Section**  
**Division of Accounting and Reporting**  
**3301 C Street, Suite 500**  
**Sacramento, CA 95816**

|  |   |  |                                     |                     |                              |
|--|---|--|-------------------------------------|---------------------|------------------------------|
| <b>Program</b><br><b>262</b>   | <b>MANDATED COSTS</b><br><b>CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS</b><br><b>CLAIM SUMMARY</b> |  |                                     |                     | <b>FORM</b><br><b>CDIR-1</b> |
| (01) Claimant  |   | (02) Type of Claim                     |                                     |                     | Fiscal Year                  |
|  |   | Reimbursement <input type="checkbox"/> |                                     |                     | ___ / ___                    |
|  |   | Estimated <input type="checkbox"/>     |                                     |                     |                              |
|  |   |  |                                     |                     |                              |
| <b>Claim Statistics</b>  |   |  |                                     |                     |                              |
| (03) Number of domestic violence incident reports stored during the fiscal year of claim for the additional 3 year period after the pre-existing mandatory two-year retention period |   |  |                                     |                     |                              |
|  |   |  |                                     |                     |                              |
| <b>Direct Costs</b>  |   | <b>Object Accounts</b>                 |                                     |                     |                              |
| (04) Reimbursable Activities   | (a)<br>Salaries   | (b)<br>Benefits                        | (c)<br>Materials<br>and<br>Supplies | (d)<br>Fixed Assets | (e)<br>Total                 |
| <b>A. One-Time Activity</b>  |   |  |                                     |                     |                              |
| 1. Revision of Policies and Procedures   |   |  |                                     |                     |                              |
| <b>B. Ongoing Activity</b>   | [Line (03) x \$0.40]  |  |                                     |                     |                              |
| 1. Storage of Reports and Face Sheets  |   |  |                                     |                     |                              |
| (05) Total Direct Costs  | Add Total Column  |  |                                     |                     |                              |
|  |   |  |                                     |                     |                              |
| <b>Indirect Costs</b>  |   |  |                                     |                     |                              |
| (06) Indirect Cost Rate  | [10% or ICRP from 2 CFR Chapter II formerly OMB A-87]   |  |                                     |                     | %                            |
| (07) Total Indirect Costs  | [Line (06) x line (04)(a)] or [Line (06) x (line (04)(a) + line (04)(b))]                                 |  |                                     |                     |                              |
| (08) Total Direct and Indirect Costs   | [Line (05)(e) + line (07)]  |  |                                     |                     |                              |
|  |   |  |                                     |                     |                              |
| <b>Cost Reduction</b>  |   |  |                                     |                     |                              |
| (09) Less: Offsetting Savings  |   |  |                                     |                     |                              |
| (10) Less: Other Reimbursements  |   |  |                                     |                     |                              |
| (11) Total Claimed Amount  | [Line (08) - {line (09) + line (10)}]   |  |                                     |                     |                              |

|                              |   |                              |
|------------------------------|---|------------------------------|
| <b>Program</b><br><b>262</b> | <b>CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS</b><br><b>CLAIM SUMMARY</b><br><b>Instructions</b> | <b>FORM</b><br><b>CDIR-1</b> |
|------------------------------|---|------------------------------|

(01) Claimant: Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form CDIR-1 should be completed for each department.

(02) Type of Claim: Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form CDIR-1 must be filed for a reimbursement claim. Do not complete form CDIR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CDIR-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

(03) Claim Statistics: Enter the number of domestic violence incident reports that were stored during the fiscal year of claim for the additional 3 year period after the pre-existing mandatory two-year retention period.

(04) Reimbursable Activities: For each reimbursable component, enter the total from form CDIR-2, line (05), columns (c), through (f) to form CDIR-1, block (04), columns (a) through (d) in the appropriate row.

For B. 1. Activity, the following formula must be used: Line (03) x unit cost for that fiscal year from the table below. This unit cost includes direct and indirect costs.

| Fiscal Year | Unit Cost | Fiscal Year | Unit Cost |
|-------------|-----------|-------------|-----------|
| 1999-00     | \$0.4000  | 2003-04     | 0.4500    |
| 2000-01     | 0.4200    | 2004-05     | 0.4700    |
| 2001-02     | 0.4200    | 2005-06     | 0.4900    |
| 2002-03     | 0.4400    | 2006-07     | 0.5100    |

(05) Total Direct Costs: Total column (e).

(06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.

(07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (04)(a), and Total Benefits, line (04)(b), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Total Direct and Indirect Costs: Enter the sum of Total Direct Costs, line (05)(e), and Total Indirect Costs, line (07).

(09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a result of this mandate. Submit a detailed schedule of savings with the claim.

(10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) Total Claimed Amount: From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07), for the Estimated Claim or line (13), for the Reimbursement Claim.

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|------------------------------|--|------------------------------|
| <b>Program</b><br><b>262</b> | <b>CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS</b><br><b>ACTIVITY COST DETAIL</b><br><b>Instructions</b> | <b>FORM</b><br><b>CDIR-2</b> |
|------------------------------|--|------------------------------|

- (01) Claimant: Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form CDIR-2 should be completed for each department.
- (02) Fiscal Year: Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities: Check the box which indicates the cost activity being claimed. Check only one box per form. A separate form CDIR-2 shall be prepared for each applicable activity.
- (04) Description of Expenses: The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, and supplies used etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

| Object/<br>Sub-object<br>Accounts | Columns  |                              |   |                                     |   |   | Submit these<br>supporting<br>documents with<br>the claim |
|-----------------------------------|--|------------------------------|---|-------------------------------------|---|---|---|
|                                   | (a)  | (b)                          | (c)   | (d)                                 | (e)                                       | (f)   |   |
| <b>Salaries</b>                   | Employee<br>Name/Title and<br>Activities<br>Performed                              | Hourly<br>Rate               | Salaries = Hourly<br>Rate x Hrs.<br>Worked plus<br>Benefits |                                     |   |   |   |
| <b>Benefits</b>                   | Activities<br>Performed  | Benefit Rate                 |   | Benefits=Benefit<br>Rate x Salaries |   |   |   |
| <b>Materials and<br/>Supplies</b> | Description<br>of<br>Supplies Used   | Unit<br>Cost                 |   |                                     | Cost =<br>Unit Cost<br>x Quantity<br>Used |   |   |
| <b>Fixed Assets</b>               | Purchase price<br>(includes taxes,<br>delivery costs<br>and installation<br>costs) | Number of Items<br>Purchased |   |                                     |   | Cost = Purchase<br>price x no. of<br>item x pro-rata<br>portion |   |

- (05) Total line (04), column (c) through column (f). Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (c) through (f) to form CDIR-1, block (04), columns (a) through (d) in the appropriate row.